

**TRISERVICE NURSING RESEARCH PROGRAM**  
**Equipment Disposition Request**

TNSRP Grant #: \_\_\_\_\_

MDA #: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Grantee Organization: \_\_\_\_\_

Item to be gifted: _____	Value: \$ _____	Gifted to: _____	Specific Department: _____
		(Facility)	(If applicable)
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantee Organization Signature

\_\_\_\_\_  
Date